

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) #42-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employees or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 10/11/04

LSUPP

1041318

1. NAME Goinas Gina E.
Last J First Gina MI E2. BUSINESS PHONE 225-326-12443. BUSINESS ADDRESS 526 Spanish Town Rd. Baton Rouge, LA 70802
Street and No. 526 City Baton Rouge State LA Zip 70802

MAILING ADDRESS

Street and No. _____ City _____ State _____ Zip _____

4. EMPLOYER The Goings Group, LLC

5. EMPLOYER'S ADDRESS

Street and No. _____ City _____ State _____ Zip _____

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating, (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Abbott LaboratoriesAddress 100 Abbott Park Rd. Abbott Park, IL 60064-3500Business or purpose Health Care Company

New Representation

Does this person pay you? Yes

If No, who pays you? _____

Terminated Representation as of _____

30

1:**PM****11****AM**

LOBBYING
REGISTRATION
CAMPAIGN FINANCIAL
RECEIVABLES
ETHICS ADMINISTRATION

2004 OCT 11 PM 1:30

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist